

Exhibit 3

# **W.R. GRACE & CO. ASBESTOS MEDICAL MONITORING PROOF OF CLAIM FORM**

*The United States Bankruptcy Court for the District of Delaware  
In re: W.R. Grace & Co., et al., Debtors, Case No. 01-01139 (JKF)  
(Jointly Administered)*

## **SUBMIT COMPLETED CLAIMS TO:**

**Claims Processing Agent  
Re: W.R. Grace & Co. Bankruptcy  
PO Box 1620  
Faribault, MN 55021-1620**

**For a complete list of the Debtors in this case, please see "The Debtors" section of the *General Instructions for Completing Proof of Claim Forms*. The Debtors in this case are collectively referred to in this document as "Grace".**

**If you have a current claim against Grace for medical monitoring, but not personal injury, due to alleged significant exposure to hazardous asbestos fibers as a result of the acts or omissions of Grace, THIS ASBESTOS MEDICAL MONITORING PROOF OF CLAIM FORM MUST BE RECEIVED ON OR BEFORE 4:00 P.M. EASTERN TIME ON MARCH 31, 2003, or you will be forever barred from asserting or receiving payment for your claim.**

# INSTRUCTIONS FOR FILING THE W. R. GRACE & CO. ASBESTOS MEDICAL MONITORING PROOF OF CLAIM FORM

## WHO SHOULD USE THIS ASBESTOS MEDICAL MONITORING PROOF OF CLAIM FORM

1. This Asbestos Medical Monitoring Proof of Claim Form (referred to in this document as the "Form") applies only to claims being made against Grace by or on behalf of those who have not as of the Claim Bar Date suffered any personal injury but who are alleging that Grace wrongfully caused them to be significantly exposed to hazardous asbestos fibers, that this exposure significantly increased the claimant's risk of contracting a serious latent disease, that medical monitoring could reasonably be expected to result in early detection of the onset and mitigation of the severity of such disease, and that because of this exposure it is necessary for the claimant to be examined by a physician or receive medical testing more often than he or she otherwise would.
2. The Bar Date does not apply to Asbestos Personal Injury Claims, Settled Asbestos Claims or Zonolite Attic Insulation Claims. Those claims will be subject to a separate claim submission process and should not be filed at this time.
3. This form should not be used for claims for an Asbestos Property Damage Claim or a Non-Asbestos Claim. Instead, separate specialized proof of claim forms for these claims should be completed.
4. Please do not distribute this form to others. Please call the Claims Processing Agent at 1-800-432-1909 to request additional forms if they are needed.

### GENERAL INSTRUCTIONS

1. This form must be signed by the claimant or authorized agent of the claimant. THIS FORM MUST BE RECEIVED ON OR BEFORE 4:00 PM EASTERN TIME ON MARCH 31, 2003, or you forever will be precluded from asserting your claim(s) against or receiving payment from Grace. Return your completed form to the Claims Processing Agent, Re: W.R. Grace & Co. Bankruptcy, P.O. Box 1620, Faribault MN 55021-1620. If you are returning this form by mail, allow sufficient time so that this form is received on or before March 31, 2003. Forms that are postmarked before March 31, 2003 but received after March 31, 2003 will not be accepted. Only original forms will be accepted for filing. Forms transmitted by facsimile will not be accepted for filing.
2. If you cannot fit all information in any particular section or page, please make a copy of that page before filling it out and attach as many additional pages as needed.
3. This form must be filled out completely using BLACK or BLUE ink or may be typewritten.
  - Please print clearly using capital letters only.
  - Do not use a felt tip pen.
  - Skip a box between words.
  - Do not bend or fold the pages of the form.
  - Do not write outside of the boxes or blocks.
4. Because this form will be read by a machine, please print characters using the examples below. For optimum accuracy, please print in capital letters and avoid contact with the edge of the character boxes.
5. Mark check boxes with an "X" (example at right). NAME HERE
6. Be accurate and truthful. A Proof of Claim Form is an official court document that may be used as evidence in any legal proceeding regarding your claim. The penalty for presenting a fraudulent claim is a fine of up to \$500,000 or imprisonment for up to five years or both. 18 U.S.C. §§ 152 & 3571.
7. Make a copy of your completed Form to keep for your records. Send only original Forms to the Claims Agent at the following address: Claims Processing Agent, Re: W.R. Grace & Co. Bankruptcy  
P.O. Box 1620  
Faribault MN 55021-1620.
8. You will receive written notification of the proof of claim number assigned to this claim once it has been processed.

## PART I: CLAIMANT IDENTIFICATION

NAME:

First

Middle

Last

Jr/Sr/II

GENDER: ☐ MALE ☐ FEMALE

SOCIAL SECURITY NUMBER:

BIRTH DATE:

Month Day Year

Residential Address:

Street Address

City

State  
/Province

Zip Code  
/Postal Code

Country (if not U.S.)

Day Time Telephone

Area Code

## PART II: ATTORNEY INFORMATION

If an attorney is representing this claimant or the representative of this claimant, complete this section.  
(You do not need to be represented by an attorney to submit a claim.)

Law Firm Name

Attorney Name

First

MI

Last

Mailing Address for Claim-Related Correspondence

Street Address

City

State  
/Province

Zip Code  
/Postal Code

Country (if not U.S.)

Telephone Number

Area Code

Fax Number

Area Code

E-Mail Address

☐ Yes      ☐ No

**Zip Code**  
**/Postal Code**

Zip Code  
/Postal Code

Zip Code  
/Postal Code

2. List your jobs, employers and employment locations during each period of time in which you lived in Lincoln County.

1. Employment Dates:

From

		-				
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Month Year

To

		-				
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Month Year

2. Occupation:

description

3. Claimant's Employer

4. Employment Location:

Street Address

City

Zip Code  
/Postal Code

1. Employment Dates:

From

		-				
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Month Year

To

		-				
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Month Year

2. Occupation:

description

3. Claimant's Employer

4. Employment Location:

Street Address

City

Zip Code  
/Postal Code

Continue on next page >>

2. continued...

1. Employment Dates:	
From	To
Month Year	Month Year
2. Occupation:	
description:	
3. Claimant's Employer:	
4. Employment Location:	
Street Address:	
City:	Zip Code:
	State:

3. Were you or any member(s) of your household an employee of W.R. Grace while you lived in Lincoln County?

☐ Yes☐ No

4. If you were an employee of W.R. Grace, did you work:

a. In the mining of vermiculite ore?

☐ Yes☐ No

If yes, during what time period? What jobs did you perform?

Start Date

Month	Year
-------	------

End Date

Month	Year
-------	------

Occupation:

description:

Continue on next page &gt;&gt;&gt;



**B. OTHER CLAIMS OR LITIGATION**

Have you ever brought or filed any worker's compensation claims against Grace?

☐ Yes ☐ No

If yes, answer this section.

1. Describe the injury for which you sought compensation.

--

2. When was the claim filed? Date

Month	Year

-

Year	Year	Year	Year

3. What was the result of the claim?

☐ Claim Paid☐ Pending☐ Claim Denied☐ Other (please describe)

--

Have you ever filed any other claims or lawsuits against Grace?

☐ Yes ☐ No

If yes, answer this section.

1. Please describe the claim or lawsuit.

--

2. When was the claim or lawsuit filed? Date

Month	Year

-

Year	Year	Year	Year

3. Where was the claim or lawsuit filed (court or other claims authority)?

Court or Claims Authority:

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Name

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City

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State /Province

4. What was the result of the lawsuit or claim?

☐ Judgement or Verdict Entered ☐ Settled Not Paid☐ Other (please describe)☐ Settled and Paid☐ Pending

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**Grace Employee Name:**

[illegible]

***Last Name***

From

To

		-				
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Month Year

[illegible]

\_\_\_\_\_

[illegible]

**Grace Employee Name:**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	5
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***Last Name***

From

To

				-				
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Month Year

[illegible]

\_\_\_\_\_

[illegible]

**D. ZONOLITE ATTIC INSULATION EXPOSURE (LINCOLN COUNTY, MT)**

Do you or did you have Zonolite Attic Insulation in your home during any period of time in which you lived in Lincoln County?

☐ Yes ☐ No

Where was/is it located in your home? ☐ Attic ☐ Other (specify)

Did you personally install that insulation? ☐ Yes ☐ No

Has the Zonolite Attic Insulation ever been moved and/or disturbed by you?

☒ Yes ☐ No

If yes, specify when and in what manner the Zonolite Attic Insulation was moved and/or disturbed.

Date

-      
Month Year

Description

For incidents in which the Zonolite Attic Insulation was moved and/or disturbed, how long did you stay in close proximity to the insulation after you disturbed it?

☐ Less than 1 hour ☐ 5-8 hours  
☐ 1-4 hours ☐ Other (please specify)

**E. ASBESTOS TESTING**

Has there ever been any testing or sampling for the presence of asbestos on the property at which you reside or resided in Lincoln County?

☒ Yes ☐ No

If yes, provide when, by whom, the type of testing or sampling, and the results (e.g. air, bulk and dust sampling).

If Yes, when?

Date:

-   -      
Month Day Year

Sample Location:

Who took the sample:

Sample results:

Continue on next page >>>

Date: \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Sample Location:**

### Who took the sample:

## Sample results:

**If Yes, Attach To This Form All Documents Related To Any Testing Of The Property**

**Have you ever worked at a W.R. Grace vermiculite expansion plant other than in Libby, Montana?  
If yes, answer the questions in this Part.**

**Name of Plant:**

[illegible]

Plant Address:

[illegible]

**Street Address**

[illegible]

City

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State

--	--	--	--	--

**Zip Code**  
**/Postal Code**

**Employment Dates at this Plant:**

From

		-				
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Month Year

To

		-				
--	--	---	--	--	--	--

Month Year

**Occupation at this Plant:**

[illegible]

**Continue on next page >>>**

## IV. continued...

Name of Plant:																																							
Plant Address:																																							
Street Address:																																							
City:																				State:										Zip Code:									
Province:																				Postal Code:																			
Employment Dates at this Plant:																																							
From										To																													
Month Year										Month Year																													
Occupation at this Plant:																																							

Have you ever brought or filed any worker's compensation claims against Grace?

☐ Yes ☐ No

If yes, answer this section.

1. Describe the injury for which you sought compensation.

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2. When was the claim filed? Date

Month	Year		

3. What was the result of the claim? ☐ Claim Paid ☐ Claim Denied ☐ Pending ☐ Other (please describe)

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# **PART V: Questions Applicable To Persons Who Were Employed As Commercial Installers or Removers of Zonolite Attic Insulation**

*This section should be completed by claimants who allege significant exposure to Zonolite Attic Insulation as a result of installing or removing that product in residences while employed by insulation contractors or construction businesses.*

**Have you ever personally installed or removed Zonolite Attic Insulation as an employee of a commercial insulation business or other construction business?**

☐ Yes ☐ No

**If yes, answer the questions in this Part:**

**During what time period(s) did you install or remove Zonolite Attic Insulation?**

From  

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 Month Year

To  

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 Month Year

From  

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 Month Year

To  

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 Month Year

From  

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 Month Year

To  

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 Month Year

**List your employer(s) and job(s) and employment location(s) during each time period in which you installed or removed Zonolite Attic Insulation.**

**1. Employment dates:**

From  

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 Month Year

To  

--	--

 - 
 

--	--	--	--	--

  
 Month Year

**2. Occupation:**

description

**3. Employer's Name:**

**4. Employer's Address:**

Street Address

City

Country (if not U.S.)

--	--

State  
/Province

--	--	--	--

Zip Code  
/Postal Code

**List the percentage of time during that period that you personally installed or removed Zonolite Attic Insulation.**

**For each employer for whom you installed or removed Zonolite Attic Insulation, describe the protective equipment you used while working in proximity to the Zonolite Attic Insulation.**

**Percentage of time:**

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 %

**Protective equipment used:**

☐ respirator ☐ face mask ☐ special clothing ☐ other protective equipment ☐ none

*Continue on next page >>*

V. continued...

## 1. Employment dates:

From

To

Month Year

Month Year

## 2. Occupation:

description

## 3. Employer's Name:

## 4. Employer's Address:

Street Address

City

State

Zip Code

Country (if not U.S.)

/Province

/Postal Code

List the percentage of time during that period that you personally installed or removed Zonolite Attic Insulation.  
For each employer for whom you installed or removed Zonolite Attic Insulation, describe the protective equipment you used while working in proximity to the Zonolite Attic Insulation.

Percentage of time:

Protective equipment used:

   %

☐ respirator ☐ face mask ☐ special clothing ☐ other protective equipment ☐ none

## 1. Employment dates:

From

To

Month Year

Month Year

## 2. Occupation:

description

## 3. Employer's Name:

## 4. Employer's Address:

Street Address

City

State

Zip Code

Country (if not U.S.)

/Province

/Postal Code

List the percentage of time during that period that you personally installed or removed Zonolite Attic Insulation.  
For each employer for whom you installed or removed Zonolite Attic Insulation, describe the protective equipment you used while working in proximity to the Zonolite Attic Insulation.

Percentage of time:

Protective equipment used:

   %

☐ respirator ☐ face mask ☐ special clothing ☐ other protective equipment ☐ none

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List all of the asbestos product(s) or material(s) you have been exposed to, describe how you were exposed to that product or material, and identify the time period of each exposure. A supplemental form is provided if you have been exposed to more than one additional asbestos product or material:

[illegible][illegible]

Describe how exposure occurred:

[illegible][illegible][illegible][illegible]

\_\_\_\_\_

From 

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Month Year

To 

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Month Year

From 

--	--

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--	--	--	--

  
Month Year

To

--	--

Month

-

--	--	--	--

Year

☒ Yes      ☐ No

Please describe the claim(s) in detail.

Month      Year

[illegible]

Name	

**State/Province**

☐ Judgement or Verdict Entered    ☐ Settled Not Paid    ☐ Other (please describe)

☐ Settled and Paid    ☐ Pending

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**Did your additional exposure occur because you shared a household with an occupationally exposed person (such as a spouse or a parent who worked in proximity to asbestos)?** \_\_\_\_\_

☒ Yes ☐ No

**If yes, list the time period of that household exposure:**

From

Month  Year

To







List the name of the occupationally exposed household member:

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

[illegible]

First Name

**Middle Name**

Last Name

list his or her occupation, employer and employment location, and describe how that person brought asbestos from the workplace into your household:

### Occupation

[illegible]

## Employer

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	5
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## Employment location

[illegible]

## How it was brought home

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## PART VII: SIGNATURE

**All claims must be signed by the claimant or the person filing on his/her behalf (such as the personal representative or attorney).**

I have reviewed the information submitted on this proof of claim form and all documents submitted in support of my claim. To the best of my knowledge, the information is accurate and complete.

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*Month      Day      Year*

**SIGNATURE OF CLAIMANT,  
REPRESENTATIVE, OR ATTORNEY**

**Name of Signatory, if not the claimant**

[illegible]

### Relationship of Signatory to Claimant

[illegible]

**IF THE SIGNATURE IS NOT THAT OF THE CLAIMANT,  
PLEASE PRINT THE NAME OF THE SIGNATORY ABOVE AND INDICATE THE  
RELATIONSHIP TO THE CLAIMANT**

**THE PENALTY FOR SUBMITTING A FRAUDULENT CLAIM  
IS A FINE OF UP TO \$500,000 OR  
IMPRISONMENT FOR UP TO 5 YEARS, OR BOTH. 18 U.S.C. §§ 152, 3571**